

FraudAlert!

Helping keep the promise.



Wisconsin SMP

June 2009 • Volume 12, No. 11

LEGAL SERVICES • Coalition of Wisconsin Aging Groups

From the Project Coordinator. Elizabeth Conrad

SCAM ALERT: The Centers for Medicare & Medicaid Services (CMS) has become aware of a scam targeting physician offices. *CMS asks that you share this important information with all of your association members and State and local chapters.*

CMS has become aware of a scam where perpetrators are sending faxes to physician offices posing as the Medicare carrier or Medicare Administrative Contractor (MAC). The fax instructs physician staff to respond to a questionnaire to provide an account information update within 48 hours in order to prevent a gap in Medicare payments. The fax may have the CMS logo and/or the contractor logo to enhance the appearance of authenticity.

Medicare Fee-For-Service (FFS) providers, including physicians, non-physician practitioners, should be wary of this type of request. If you receive a request for information in the manner described above, please check with your contractor before submitting any information. Medicare providers should only send information to a Medicare contractor using the address found in the download section of the CMS.gov website found at <http://www.cms.hhs.gov/MLNGenInfo/> or <http://www.cms.hhs.gov/MedicareProviderSupEnroll>.

Consumer Scam from Colorado

Reminder: Medicare Cards Don't Expire

There are reports from Colorado of a new twist on identity theft: scammers call seniors, claim to represent some official-sounding entity, and tell them that their Medicare card is about to expire and they need a new one to continue getting health care. In order to "verify information" for this new card, the scammers extract information about the victim's bank account and Social Security. Medicare cards do not expire. Healthcare issues can be worrisome and confusing, but don't let crooks scare you into becoming a victim of identity theft.

FRAUD ALERT! • Legal Services • Coalition of Wisconsin Aging Groups

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Published and distributed by the Legal Services Division of the Coalition of Wisconsin Aging Groups, funded in part by grant #90 MP0016 from the Administration on Aging, Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Aging Policy.

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CWAG Case Study: Persistence Pays Off

Guest Writer, Holin Kennen, Lead Dane County Elderly Benefit Specialist

Many readers of the “Fraud Alert” are aware that the Coalition of Wisconsin Aging Groups (CWAG) supervises elderly benefit specialists throughout the state who work on a variety of issues for clients. These issues can range from brief calls regarding general benefits to more complex issues. The particular case described below took nearly two years to complete. Holin Kennen, the Lead Dane County Benefit Specialist, was the primary advocate on the case, but she was supported by many of the other members of the Legal Services Division of CWAG. This is a case where persistence paid off for a client and where CWAG was able to provide assistance at a level that would have been impossible for most private attorneys due to the length of time involved.

The client was Mr. F who went into a nursing home after hospitalization for a fall. After being there for some time, Mr. F was told that Medicare would no longer pay for his care since he was not improving under the rehabilitation services provided at the nursing home. Mr. F was given the usual Medicare Advance Beneficiary Notice that informed him that his stay at the nursing home would no longer be covered by Medicare. Unlike many nursing home patients who agree to continue receiving services and to pay for them from their own funds, Mr. F signed that he did not want the services continued and wanted to go home. Instead of making arrangements to release Mr. F to his home, the nursing home staff refused to release him, kept him there for another month and a half despite his repeated requests to go home, and then billed him over \$10,000 for their “services.” No services had actually been received by Mr. F for that period beyond room and board. Mr. F was not provided with any further rehabilitation services or any other treatment until just prior to his release from the nursing home when he was examined by the physical therapist and told he was then able to safely return to his home. Mr. F had supplemental insurance that would have paid for the period of time that Medicare didn’t cover, but the nursing home never sent Medicare a bill, just one to him. Paying the bill would have wiped out Mr. F’s meager savings entirely. Mr. F, who was of sound mind at the time, felt he should have been released home and should not have to pay for services he had not agreed to.

The process of resolving the case took almost two years. The first attempt was to try to get the nursing home to waive the charges because they didn’t follow the law which required them to do discharge planning when Mr. F requested to go home. When the nursing home refused to accept their responsibility for not following the law, rather than submit the client to filing a lawsuit, which he didn’t want to do, Ms. Kennen requested that the nursing home submit the charges to Medicare. It was then a process of getting denials from Medicare, which were lost several times by the nursing home and the supplemental insurance, and then submitting claims and tracking down payments through the supplemental policy. Meanwhile, Mr. F had grown increasingly frail during this period, his terminally-ill wife had passed away, and he kept saying he wanted to give up. Ms. Kennen persisted and asked him to let her keep trying. Almost two years from the date of his initial contact with CWAG, the nursing home notified him that the entire bill was finally paid – complete and down to the penny.

Could You Or Someone You Know Be Next?

A fictional story based upon real events by Judy Steinke, SMP Volunteer Coordinator

George, a retired dentist, and his wife Gloria, a retired teacher, enjoyed 10 years of retirement by traveling to visit their grown children and their families, celebrating their 50th wedding anniversary with a cruise, and weekend visits to their local flea market. Life was good, but then Gloria became ill and sadly passed away at the age of 75.

George was devastated. The home that he had shared with Gloria for so many years no longer felt like home. One day he received a card from an old college friend, Sam, who was living in a retirement community 200 miles away. George decided to visit Sam the next week and after a quick tour of the retirement community, he decided that he would sell his home, pack the few belongings that he wished to take with him, and move to the new community.

When the boxes were unpacked and George was settled into his new home, the loneliness really set in. Sam was often busy visiting with his family members who lived in the same town, and eventually he only visited George about once a week.

Then one day George received a phone call that changed his life. The scam artist at the other end of the phone picked up on the loneliness that George was feeling. The scam artists of today are well prepared with written scripts, compassionate voices, and a whole lot of unscrupulous tactics. Before long, the scam artist had established a relationship with George and was able to get information on his bank and retirement accounts. Once a “sucker” is identified, his name and number is passed on to other crooks.

Before long, George had gone through all of his savings. Each time the friendly caller promised a lot of money in return, if he would just pay one more fee. With today’s technology, the scam artists are able to create very official looking checks. Often the check is sent, the individual is asked to deposit it, and wire a portion of it back to pay the fees. By the time it is determined that the check is not legitimate, the individual has already wired funds to someone outside of the United States.

Law enforcement is unable to do much once the funds leave the country. The U.S. Postal Inspection Service works with the U.S. Customs and Border Protection to prevent the flow of foreign scam mail. One report estimated that from April 2007 to June 2008 more than 230,000 pieces of fake check mail were stopped at the Dallas-Fort Worth International Airport.

Consumers lose more than \$40 billion per year to telemarketing fraud. A recent report by the American Association of Retired Persons (AARP) estimates that people over the age of 50 account for 56% of the victims.

If you or someone you know has been victimized, please report it. If you have not been a victim, please remember “if it sounds too good to be true, it probably is.”

New Interagency Team To Fight Medicare Fraud

On May 20, Attorney General Eric Holder and Health and Human Services Secretary Kathleen Sebelius announced the formation of a joint senior-level taskforce to fight Medicare fraud throughout the country. The task force is called the Health Care Fraud Prevention and Enforcement Action Team (HEAT). Its website is at www.hhs.gov/stopmedicarefraud/.

In his remarks, Attorney General Holder mentioned a news report about a drug dealer who turned to Medicare fraud because it was faster and easier than selling drugs. Holder and Secretary Sebelius made a point of saying that most health care providers want to help people and follow the law. However, there are enough crooks taking advantage of the system to cost billions of dollars each year. This is money that could otherwise be used to hold down health costs and provide care for people who need it.

The Department of Justice and Department of Health and Human Services have already collaborated on joint Strike Force teams that have been combating Medicare fraud in South Florida and Los Angeles. The team operating in South Florida has convicted 146 defendants and secured \$186 million in criminal fines and civil recoveries. In Los Angeles, 37 defendants have been charged and \$55 million has been ordered in restitution to Medicare. Part of the new HEAT team will be an expansion of the Strike Forces to Detroit and Houston.

As part of its efforts to stop fraud, the HEAT team will help state Medicaid officials conduct provider audits, and will use modern technology to analyze electronic evidence more quickly, revealing patterns that may indicate fraud.

In testimony before the Senate Judiciary Subcommittee on Crime and Drugs, Assistant Attorney Lanny A. Breuer spoke of the deterrent effect of criminal prosecution of health care fraud. One of the cases he mentioned was from Wisconsin. In 2008 in the Western District of Wisconsin, Thomas Arthur Lutz, the former CEO and President of Health Visions Corporation, pleaded guilty to conspiracy to defraud TRICARE, the Defense Department's worldwide healthcare program for active and retired uniformed services members and their families. Lutz was involved in a kickback scheme with a provider in the Philippines, in which Health Visions referred TRICARE patients to the provider, TRICARE paid for their care, and the provider paid 50% of that money back to Health Visions. Lutz was sentenced to five years in prison, and he and the corporation were ordered to pay \$99,915,131 in restitution. The corporation also had to liquidate its assets, pay a fine of \$500,000, and forfeit \$910,910.60.

Breuer also mentioned that the Justice Department's Civil Division has pursued some forms of Medicaid fraud as criminal violations of the Federal Food, Drug, and Cosmetic Act (FDCA). In January of 2009, the Civil Division's Office of Consumer Litigation prosecuted Eli Lilly and Co. for illegal marketing of the drug Zyprexa. The drug has been approved for the treatment of schizophrenia, but Lilly promoted it for other uses, including the treatment of dementia and dementia associated with Alzheimer's. Lilly's long-term care sales force targeted nursing homes and assisted-living facilities and sought to convince doctors to prescribe Zyprexa for agitation and aggression in older patients, even though they were not schizophrenic. Because these other uses did not have FDA approval, they were not covered by State Medicaid programs, and therefore the company's marketing efforts had the effect of causing doctors to submit false claims to Medicaid. Lilly pled guilty, and the global

settlement totaled \$1.115 billion. That included a \$515 million criminal fine, \$100 million in forfeiture, and up to \$800 million in civil recoveries under federal and state False Claims Acts.

The HEAT team's goals extend beyond detecting and punishing fraud, to preventing it from happening. The www.hhs.gov/stopmedicarefraud/ website lists the following ways the team will work at prevention:

- Building demonstration projects focused on Durable Medical Equipment. These projects will increase site visits during enrollment so we can block out impostors and make sure criminals aren't posing as real providers;
- Increasing training for providers on Medicare compliance and offering providers the resources and the knowledge they need to help identify and prevent fraud;
- Improving data and information sharing between the Centers for Medicare and Medicaid Services and law enforcement so we can identify patterns that lead to fraud.
- Strengthening program integrity activities to monitor and ensure Medicare Parts C (Medicare Advantage plans) and D (prescription drug programs) compliance and enforcement; and
- Working with Americans to identify fraud through hotlines and Web sites.

Medical Identity Theft

*Who steals my purse steals trash; 'tis something, nothing;
'Twas mine, 'tis his, and has been slave to thousands;
But he that filches from me my good name
Robs me of that which not enriches him,
And makes me poor indeed.*

-Shakespeare, *Othello*

Nowadays, when identity thieves *do* get rich by filching people's good names, the passage could be rewritten:

Who steals my purse steals cash; debit cards, and checks.
I report, cancel, spend hours on the phone;
But he that phishes from me my insurance ID
Takes not just my co-pays, but can mess up
My medical records and wreck my health.

So far, medical identity theft is not a common crime. It represents only 3% of the identity theft cases reported to the Federal Trade Commission. As of 2007, the problem affected 250,000 Americans. Its consequences, however, can be more serious and longer-lasting than those of more conventional forms of identity theft.

In June of 2009 the New York Times reported the case of a man who requested a copy of his credit report before applying for a mortgage, and was startled to discover collection notices for thousands of dollars in medical bills for emergency room visits he never made, in locations he had never visited. In that case it appears that someone stole his Social Security number, and used that along with his name to get ER service. He does not know, and has no way to find out, if there was one perpetrator or if his information was used by multiple people.

Sometimes identity thieves use stolen insurance information (policy number and group number) to get other medical services, including major surgery. In January 2007, *Business Week* reported the case of a woman who was startled to receive a hospital bill for the amputation of her right foot. Since she had never had the surgery, she spent weeks disputing the bill and finally went to the hospital and put both feet up on the desk of the hospital administrator to demonstrate that they were attached and healthy. That ended the collection efforts, but a year later when the victim went into the hospital for surgery, she discovered that her medical records now indicated she was diabetic. She isn't, but apparently the amputee is.

This story points up one of the real dangers of medical identity theft: the commingling of records, with potentially deadly consequences. Misinformation about allergies, blood types, past tests and diagnoses, all have the potential to do serious harm. And that's not even taking into account the financial and bureaucratic effect of such misinformation on matters like pre-existing conditions, or the legal ramifications of certain diagnoses.

In 2006, a mother of four in Salt Lake City received a call from a hospital telling her that her newborn had tested positive for illegal drugs, and the state was going to take away her other children. Except, the woman had no newborn, her youngest child was two years old, and she had no idea what the call was about. After a nerve-wracking interview with social workers and a DNA test, she was able to prove that the baby was not hers and she was a victim of identity theft rather than an unfit mother. That left her with the problem of having the medical information of the newborn's mother mingled with her own.

It is not easy to disentangle medical records once they have been mixed up. Privacy rules protect both patients from having their medical information disclosed. This may seem like irrational tenderness toward criminals, but the rules must take into account that records *can* get confused without any patient wrongdoing at all. If two people have similar names and insurance numbers, a simple data entry error can result in the files getting mixed. Neither patient deserves to have their medical information discarded or made public. So, rules do not allow patient A to see her record if there's reason to believe it has some of Patient B's information in it.

Perhaps one can feel some pity for a person who steals another's identity in the grip of a desperate medical situation. Someone with drug problems and labor pains, or a gangrenous foot, may not be thinking clearly about the morality of theft or the existence of other options for getting medical care. But there are other cases in which no such excuse is possible. *Business Week* reports the case of a psychiatrist who fraudulently billed a patient's insurer for therapy sessions that the patient had already paid for, and then billed the insurer for sessions with the patient's children that never took place at all. The doctor was eventually convicted on 136 counts, but the patient had to spend two years trying to convince Blue Cross that her children had never been treated for depression.

What can consumers do to avoid being victimized? Well, the standard precautions against identity theft apply: monitor your bank statements, Medicare statements, and credit card bills, check your credit reports regularly, don't give out your information to strangers like telemarketers, and shred documents that include identifying information such as insurance policy numbers. WebMD recommends that you avoid clinics that offer free exams; they may just want to copy your health insurance information.

But even the most cautious are at risk. The *New York Times* reports that in 2006, a clerk at a Cleveland Clinic branch in Florida downloaded the records of more than a thousand Medicare patients and gave them to a cousin who made \$2.8 million in fraudulent claims. WebMD notes that there are "ID mills"

producing fake Social Security cards around the country for, among others, illegal aliens. The numbers on these cards are generated by the sellers and by sheer coincidence many already belong to someone: a worker, a child, a deceased person. The name doesn't match, which protects the legitimate owner to some extent but also makes it more difficult for that person to become aware of the duplication.

You can request a free annual credit report from the three national credit reporting companies. There is no equivalent for medical information. Medical files can be voluminous and providers are allowed to charge you for them. For more detailed information about your rights, including sample letters for victims, see www.worldprivacyforum.org. If you suspect Medicare or Medicaid fraud, contact the Wisconsin Senior Medicare Patrol at 800-488-2596 ext. 317. The Federal Trade Commission website at www.ftc.gov has information about reporting identity theft. It's likely that your insurer also has a fraud hotline. If you think your medical identity has been stolen, contact them.

There are changes coming in the health care system. Presidents from both parties have called for a national, computerized system of medical records, in order to make health care more efficient. Whether this will make the problem of medical identity theft easier to resolve, or make the crime easier to commit, remains to be seen.

Top Ten List of Wisconsin Consumer Complaints In 2008

Take this quiz

The Wisconsin Department of Agriculture, Trade, and Consumer Protection website includes a "Top Ten" list of types of consumer complaints for 2008. Here are the categories in alphabetical order. Can you rank them as the website does, in order of number of written complaints? (That is, the category with the most complaints is ranked one, and so on.)

Credit Cards
Gasoline/Fuel Nonheating
Home Improvement
Internet Service Provider
Landlord/Tenant
Motor Vehicle Repair
Satellite Dish
Telecommunications
Telemarketing (No call)
Travel/Tourism

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

1)Telemarketing (no call) 2,225 complaints; 2) Landlord/Tenant 1,646 complaints; 3) Telecommunications 1,328 complaints; 4)Home Improvement 1,163 complaints; 5) Satellite Dish 979 complaints; 6) Internet Service Provider 570 complaints; 7) Credit Cards 537 complaints; 8) Gasoline/Fuel Nonheating 519 complaints; 9) Motor Vehicle Repair 517 complaints; 10) Travel/Tourism 509 complaints.

AoA Announces HHS-VA National Partnership to Support Older Americans and Veterans at House Veterans Committee Hearing on Family Caregivers

On June 4, 2009, Acting Assistant Secretary for Aging Edwin L. Walker testified before the House Committee on Veterans Affairs Subcommittee on Health at a hearing on "Meeting the Needs of Family Caregivers." The hearing presented a unique opportunity for the Committee to gain a better understanding of current efforts that are underway to meet the needs of family caregivers of veterans and begin to identify the gaps in supportive services for family caregivers across the country. At the hearing, Mr. Walker discussed AoA's successful programs provided through AoA's national network of aging and community-based organizations that support older Americans and family caregivers. Among those programs is the National Family Caregiver Support Program which has provided significant support and assistance to families struggling to care for their loved ones for close to ten years. Mr. Walker also took the opportunity to announce the availability of \$10 million in funding for an exciting collaboration between the Department of Health and Human Services and the Department of Veterans Affairs to develop a nationwide community-based long-term support program to help older Americans and Veterans of all ages with Disabilities remain in the community. This partnership builds on the similar missions of HHS and the VA with regard to caring for the populations they serve. For more information about this announcement, please visit

<http://www.hhs.gov/news/press/2009pres/06/20090604a.html>

He also announced the availability of \$2.5 million in funding for the new Lifespan Respite Care Program Grants to provide family caregivers with more opportunities to receive much-needed short-term, temporary relief from providing care for their loved ones. These projects will enable states to establish, enhance or expand Lifespan Respite Care systems, including new and planned emergency respite services, training and recruitment of respite workers and volunteers and assist caregivers with gaining access to needed services in their communities. For more information about this funding availability , please visit

http://www.aoa.gov/AoARoot/Press_Room/for_the_press/pr/archive/2009/June/06_04_09.doc

To review the testimony and archived webcast from the June 4 hearing, please visit

<http://veterans.house.gov/hearings/hearing.aspx?newsid=412>

Future Wisconsin SMP Events

June 26 th	Prime Time Over 50 Expo-Columbus	Matt Matthews
July 15 th	Taylor County Presentation-Medford	Elizabeth
July 16 th	Washburn County Presentation-Spooner	Elizabeth
July 17 th	Bayfield County Presentation-Iron River	Elizabeth
July 23 rd -24 th	CWAG Annual Convention-Green Bay	Elizabeth/Judy
July 31 st	Columbus Manor Apartments-Columbus	Elizabeth
August 5 th	Prime Timers Group-St. Germain	Elizabeth
August 5 th	Lioness Club (evening)-St. Germain	Elizabeth
August 6 th	Laona Senior Dining Site Presentation	Elizabeth
August 6 th	Crandon Public Library Presentation	Elizabeth
August 6 th	AARP Group-Montello	Judy
August 17 th -21 st	SMP National Conference-D.C.	Elizabeth
September 17 th	Aging & Nutrition-Pyle Ctr-Madison	Judy/Volunteers
October 1 st	Colloquium on Aging-Madison	Elizabeth/Judy
October 12th	SPARTA-Stevens Point	Elizabeth

A Few Key Facts . . .

Medical Bankruptcies in the United States in 2007

According to HealthExecMobile: Trends, News Insights, and Announcements for Today's Health Care Executives, "62.1% of all bankruptcies in 2007 were medical: 75% of those persons had health insurance."

Source: "Medical Bankruptcy in the United States, 2007: Results of a National Study," The American Journals of Medicine, abstract only, June 5, 2009.

Health Disparities

According to HealthExecMobile: Trends, News Insights and Announcements for Today's Health Care Executives, "35% of Hispanics, 35% of American Indians, and 18% of African Americans are uninsured, but only 12% of Whites lack health insurance."

Source: "Health Disparities: A Case for Closing the Gap," U.S. Department of Health and Human Services, June 9, 2009."

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For Immediate Release
June 22, 2009

Contact: Stephanie Marquis, 608-266-1683

Hot Weather Poses Health Risks

As summer heat builds in many parts of Wisconsin, state health officials are urging everyone to be aware of the dangers associated with extreme heat and to take protective safety measures.

“Although most heat-related illnesses involve persons who are elderly or have chronic illnesses, we know that children, athletes, and outdoor workers are also at risk,” said Dr. Seth Foldy, State Health Officer. “Do not leave individuals – especially children and infants – or any pets unattended in cars for even brief periods of time. Even with windows cracked open, temperatures inside a car can rise to life-threatening levels in a matter of minutes.”

Sustained temperatures in excess of 90 degrees pose a risk of heat-related illness and death, especially when humidity levels exceed 35 percent. The risk is highest for older adults and individuals with chronic illnesses, or for individuals taking medications that inhibit perspiration and the body’s natural cooling process.

General symptoms of heat exhaustion include fainting, rash, fatigue and nausea. Skin may become clammy and moist or hot and dry. The onset of heat stroke can be rapid and may progress to life-threatening illness within minutes. If heat-related symptoms appear, immediate actions should be taken to reduce body temperature.

The following actions are recommended when temperatures are above 90 degrees:

- Drink more fluids during hot weather to avoid dehydration. Rapid weight loss may be a sign of dehydration.
- Spend the hottest part of the day in a cool, preferably air-conditioned place
- Do not plan strenuous activities during the warmest part of the day.
- Use fans to increase ventilation unless temperatures exceed 90° (at which point fans become ineffective in reducing heat-related illness)
- Take a cool shower, bath or sponge bath to reduce body temperatures. In addition, wet clothing has a cooling effect.
- Make frequent checks on the status of elderly or ill relatives or neighbors and move them to an air-conditioned environment during the hottest part of the day.

For more information on heat-related health concerns, visit
<http://dhs.wisconsin.gov/health/injuryprevention/WeatherRelated/Heat.htm>

- END -

WISCONSIN SMP MONTHLY VOLUNTEER REPORT FORM

Time Period of Report _____

Name _____ County _____

(Complete address, e-mail and phone information ONLY if new volunteer)

Address _____ City _____ Zip _____

E-Mail _____ Phone _____

DATE	ACTIVITY** **Please Specify	SITE & CITY	NUMBER OF PEOPLE	TIME SPENT***	MILES DRIVEN

RETURN to:

CWAG

2850 Dairy Drive, Madison, WI 53718-6742

(608) 224-0606 or (800) 488-2596, Extension 342

Fax: (608) 224-0607

****Community Education Event (includes meetings)**

****Group Session (includes group presentations)**

****Media Event (print, radio, electronic, television)**

Community Education Event (includes meetings) - is any event where general/program information and/or simple printed fact sheets are shared with or distributed to the public. Examples include senior health fairs, expos, and booths in shopping centers and conferences.

Group Session (includes group presentations) - is a **formal gathering** led by trained volunteers to **educate** beneficiaries, family members, caregivers, and others on detecting fraud, waste, error, and abuse in the Medicare program.

Media Event - is any individual airing or publishing of media (e.g., print, radio, television, electronic) to educate beneficiaries and their families about Medicare fraud. Media Events can be opinion pieces, editorials, and stories mentioning this program in regular newspapers and county aging unit newsletters. Media events also include radio shows, TV/Cable shows, press releases, and public service announcements (PSAs).

*Volunteer Report Forms help keep the funds coming in and the program going strong.
Please submit your report forms each month. Thank you. (Revised 1/08)*

***** INCLUDE any materials such as equipment and supplies. Be sure to also include your preparation and travel time.**

You can submit your time electronically to econrad@cwag.org.

FRAUD ALERT – ELECTRONIC VERSION

In previous issues, we told you that Wisconsin SMP *Fraud Alert* will be sent electronically unless we receive a “request for a paper copy” from you.

Contact Patti Wiersma at pwiersma@cwag.org,
giving her your e-mail address,
to add to our list.

Your cooperation is greatly appreciated.

You Can also Access Our Publication by Visiting our Website www.cwag.org
Click on Legal Rights and Benefits then click on Wisconsin SMP
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In an effort to save paper, postage and be “volunteer friendly,” we will E-mail issues of the *Fraud Alert* to those who have E-mail. Please contact Patti Wiersma at pwiersma@cwag.org, giving her your e-mail address to add to our list. **WE DO SUGGEST THAT YOU PRINT EACH ISSUE AND SAVE IT IN YOUR MEDICARE BINDER FOR FUTURE USE. Thank you!**

For more information, contact:

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